

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16155**  
Registrar's No. **4300**

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4300</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>				c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>15 YRS.</b>				e. STREET ADDRESS (If rural, give location) <b>5435 LISETTE ST</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5435 LISETTE ST.</b>							
3. NAME OF DECEASED (Type or Print) <b>LOUISE</b>		a. (First)		b. (Middle) <b>—</b>		c. (Last) <b>ROLVES</b>	
4. DATE OF DEATH <b>4-27-53</b>		(Month)		(Day)		(Year)	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>2-29-1875</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>BERNARD ROLVES</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE MEYER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mayme Tenenbaum</b>		ADDRESS <b>5435 LiSETte</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Bronchopneumonia</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 weeks</b> <b>5 years</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>			
22. I hereby certify that I attended the deceased from <b>10-13</b> , 18 <b>79</b> , to <b>4-26</b> , 18 <b>53</b> , that I last saw the deceased alive on <b>4-26</b> , 18 <b>53</b> , and that death occurred at <b>4</b> <b>PM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Clara D. Baker</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>1852 So Grand</b>		23c. DATE SIGNED <b>4-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-29-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL</b>		24d. LOCATION (City, town, or county) (State) <b>BELLEVILLE, ILL.</b>	
DATE REC'D BY LOCAL REG. <b>APR 27 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>McDell Walsh</b>		ADDRESS <b>Barnes &amp; Shair, Ill</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 7091  
P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.